

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup> Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE BOARD  
2008 OCT 20 AM 11:04

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Fairness Fund

IMPORTANT: Indicate by # type of committee you are reporting for: 2  
( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

<b>FORM DR-2</b> (Rev. 07/2007)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. # <u>9754</u>	
Logged In <u>S</u>	
Scanned	
Computer	
Audited	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

BL CUR  
SIGNATURE OF PERSON FILING REPORT

515-783-5950  
TELEPHONE

10/20/08  
DATE SIGNED

I AM FILING A October 19, 2008 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

14,244.28

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

26,133.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL**

40,377.28

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

20,664.64

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

19,712.64

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)

188.68

**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

500.00

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

0.00

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

YES ☒ NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME (Must be same as on Statement of Organization)**

Fairness Fund

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
08/22/08	ID# CK# 1019	Stacy S Berenguel 100 East Market St #421, Des Moines IA 50309		\$40.00	<input type="checkbox"/>
08/22/08	ID# CK# 5010	Margo L Blumenthal 951 S 35th St, West Des Moines IA 50265-5309		150.00	<input type="checkbox"/>
08/22/08	ID# CK# 2050001546	Gergory Rae 252 Seventh Ave #5A, New York NY 10001		200.00	<input type="checkbox"/>
08/22/08	ID# CK# 2050001546	Weston Milliken PO Box 691550, West Hollywood CA 90069		500.00	<input type="checkbox"/>
08/22/08	ID# CK# 2050001525	Janet Alexander 1520 Linden, Grinnell IA 50112		100.00	<input type="checkbox"/>
08/22/08	ID# CK# 2050001525	Matt McCoy 110 35th St, Des Moines IA 50312		100.00	<input type="checkbox"/>
08/22/08	ID# CK# 2050001525	Nathon Ritz 210 S Prairie View Dr #222, West Des Moines IA 50265		100.00	<input type="checkbox"/>
08/22/08	ID# CK# 2050001525	Charles Carnes 400 E Locust St, Des Moines IA 50309		75.00	<input type="checkbox"/>
08/26/08	ID# CK# 2050001509	Andrew Tobias 787 NE 71 Street, Miami FL 33138		500.00	<input type="checkbox"/>
08/26/08	ID# CK# 2050001509	Carol Master 199 Coolidge Ave, Watertown MA 02472		500.00	<input type="checkbox"/>
SUB-TOTAL				\$ 2265.00	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONEY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Fairness Fund

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08/27/08	ID# CK# 6506	Virginia A Traxler 4125 River Oaks Dr, Des Moines IA 50312		\$250.00	<input checked="" type="checkbox"/>
08/27/08	ID# CK# 5458	Lisa Ann Deaton 4017 Woodland Ave, Des Moines IA 50312		100.00	<input checked="" type="checkbox"/>
08/27/08	ID# CK# 1345	Karen L Wendt 1427 Forestdale Dr, Des Moines IA 50311-2626		75.00	<input checked="" type="checkbox"/>
08/27/08	ID# CK# 1368	Diane Krell 1620 South 43rd St, West Des Moines IA 50265		500.00	<input checked="" type="checkbox"/>
08/27/08	ID# CK# 19577	William W Graham 36821 Beachwood Dr, Cumming IA 50061-4454		500.00	<input checked="" type="checkbox"/>
08/27/08	ID# CK# 1518	Rich Eychaner PO Box 1797, Des Moines IA 50306-1797		100.00	<input checked="" type="checkbox"/>
08/27/08	ID# CK# 10239	W Mark Rosenbury 938 Glen Oaks Ter, West Des Moines IA 50266-6669		2000.00	<input checked="" type="checkbox"/>
09/04/08	ID# CK# 2050001566	Jonathan Wilson 2924 Druid Hill Dr, Des Moines IA 50315		100.00	<input checked="" type="checkbox"/>
09/04/08	ID# CK# 2050001585	Ted Snowdon 50 Riverside Drive, New York NY 10024		500.00	<input type="checkbox"/>
09/04/08	ID# CK# 2050001585	Kirk Wallace 622 Greenwich St, New York NY 10014		250.00	<input type="checkbox"/>
SUB-TOTAL				\$ 4375.00	
TOTAL (If last page of this schedule)				\$	

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Page 2 of 5  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONEY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Fairness Fund

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
09/04/08	ID# CK# 6873	Arthur V Neis 1575 NW 106th St, Clive IA 50325-6604		\$500.00	<input type="checkbox"/>
09/08/08	ID# CK# 573	David W Miles 1402 Tulip Tree Ln, West Des Moines IA 50266-6665		2000.00	<input type="checkbox"/>
09/08/08	ID# CK# 5426	Dean L Peyton 5707 Harwood Dr, Des Moines IA 50312		150.00	<input checked="" type="checkbox"/>
09/11/08	ID# CK# 2050001600	Chris Conyers 3235 John Lynde Rd, Des Moines IA 50312		50.00	<input type="checkbox"/>
09/18/08	ID# CK# 2050001640	Christopher Godfrey 2712 Woodland Ave, Des Moines IA 50312		150.00	<input type="checkbox"/>
09/18/08	ID# CK# 2050001640	Roxanne Conlin 2900 Southern Hills Circle, Des Moines IA 50321		1000.00	<input type="checkbox"/>
09/18/08	ID# CK# 2050001640	James Swanstrom 3309 SW 13th St, Des Moines IA 50315		250.00	<input type="checkbox"/>
09/24/08	ID# CK# 1037	Karen K Dixon 139 N Garland Ct, Chicago IL 60602		1000.00	<input type="checkbox"/>
09/24/08	ID# CK# 3186	Eric J Tabor 1619 Thornwood Rd, West Des Moines IA 50265		250.00	<input type="checkbox"/>
10/02/08	ID# CK# 2050001691	Roberta Conroy 34 Haldeman Rd, Santa Monica CA 90402		500.00	<input type="checkbox"/>
SUB-TOTAL				\$ 5850.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Fairness Fund

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**CAUTION:** Section 68B.32A(8), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
09/15/08	ID# CK# 3131	Ivan Webber 1275 16th St, West Des Moines IA 50265		\$500.00	<input type="checkbox"/>
10/02/08	ID# CK# 2050001691	Eric Nemmers 661 19th St, Des Moines IA 50314		50.00	<input type="checkbox"/>
10/02/08	ID# CK# 2050001691	Laura Ricketts 1615 W Rosehill Dr, Chicago IA 60660		10000.00	<input type="checkbox"/>
10/02/08	ID# CK# 2050001660	Bill Smith 1007 East Capitol St SE, Washington DC 20003		500.00	<input type="checkbox"/>
10/02/08	ID# CK# 2050001660	Ron Ansin 132 Littleton Rd, Harvard MA 01451		750.00	<input type="checkbox"/>
10/02/08	ID# CK# 2050001691	Peter Clay 3205 East Pine Ave, Des Moines IA 50320		50.00	<input type="checkbox"/>
10/07/08	ID# CK# 2574	Michael D Perry 121 NW Scott St, Ankeny IA 50023		50.00	<input type="checkbox"/>
10/09/08	ID# CK# 2050001710	Henry van Ameringen 37 W 12th St, New York NY 10011		1000.00	<input type="checkbox"/>
10/09/08	ID# CK# 2050001729	Matt McCoy 110 35th St, Des Moines IA 50312		100.00	<input type="checkbox"/>
10/09/08	ID# CK# 2050001729	Charles Carnes 400 E Locust St, Des Moines IA 50309		75.00	<input type="checkbox"/>
SUB-TOTAL				\$ 13075.00	
TOTAL (If last page of this schedule)				\$	

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For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Fairness Fund

SCHEDULE

**A**

(Rev. 07/03)

MONETARY  
RECEIPTS☐ CHECK THIS BOX IF  
AMENDING FORM

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
09/08/08	ID# CK# 2050001619	Matt McCoy 110 35th St, Des Moines IA 50312		\$100.00	<input type="checkbox"/>
09/08/08	ID# CK# 2050001619	Charles Carnes 400 E Locust St, Des Moines IA		75.00	<input type="checkbox"/>
07/15-10/14/08	ID# CK#	Unitemized Contributions for the period 07/15/08-10/14/08		393.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 568.00	
TOTAL (if last page of this schedule)				\$ 26133.00	

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Page 5 of 5  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF</b> <b>AMENDING FORM</b>	

**COMMITTEE NAME (Must be same as on Statement of Organization)**

Fairness Fund

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
08/29/08	ID# CK# 1007	House Truman Fund 5661 Fleur Drive Des Moines IA 50321	Contribution	\$ 7500.00
09/25/08	ID# CK# 1009	House Truman Fund 5661 Fleur Drive Des Moines IA 50321	Contribution	7500.00
09/25/08	ID# CK# 1010	Iowa Senate Majority Fund 5661 Fleur Drive Des Moines IA	Contribution	2500.00
08/29/08	ID# CK# DELUXE	West Bank PO Box 65020 West Des Moines IA 50265-0020	Printed Checks & Deposit Tickets	100.10
08/11/08	ID# CK# 1006	One Iowa 500 E Locust St #300 Des Moines IA 50309	Purchase List, Staff Time, Printing	1014.27
08/10/08	ID# CK# 1008	Citizens for Harkin PO Box 811 Des Moines IA 50304	Citizens for Harkin Steak Fry Ticket	85.00
09/26/08	ID# CK# 1011	One Iowa 500 E Locust St #300 Des Moines IA 50309	Printing and Mailing Invitations for Fairness Fund Fundraising Gathering.	1035.38
10/02/08	ID# CK# 1012	Brad Clark 300 Walnut St Des Moines IA 50309	Reimbursement for travel expenses	326.40
SUB-TOTAL				\$ 20061.15
TOTAL (if last page of this schedule)				\$

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME (Must be same as on Statement of Organization)**

Fairness Fund

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
08/01/08	ID# CK# 2005000147	Actblue Iowa PO Box 382110 Cambridge MA 02238-2110	Credit Card Fees	\$ .04
08/22/08	ID# CK# 2005000154	Actblue Iowa PO Box 382110 Cambridge MA 02238-2110	Credit Card Fees	28.05
08/22/08	ID# CK# 2050001524	Actblue Iowa PO Box 382110 Cambridge MA 02238-2110	Credit Card Fees	15.60
08/26/08	ID# CK# 2050001509	Actblue Iowa PO Box 382110 Cambridge MA 02238-2110	Credit Card Fees	39.50
09/04/08	ID# CK# 2050001566	Actblue Iowa PO Box 382110 Cambridge MA 02238-2110	Credit Card Fees	3.95
09/04/08	ID# CK# 2050001584	Actblue Iowa PO Box 382110 Cambridge MA 02238-2110	Credit Card Fees	29.63
09/11/08	ID# CK# 2050001600	Actblue Iowa PO Box 382110 Cambridge MA 02238-2110	Credit Card Fees	2.06
09/18/08	ID# CK# 2050001644	Actblue Iowa PO Box 382110 Cambridge MA 02238-2110	Credit Card Fees	8.10
SUB-TOTAL				\$ 126.93
TOTAL (if last page of this schedule)				\$

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Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 2 of 3

(for Schedule B)



FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME (Must be same as on Statement of Organization)**

Fairness Fund

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
09/18/08	ID# CK#2050001619	Actblue Iowa PO Box 382110 Cambridge MA 02238-2110	Credit Card Fees	\$ 55.31
09/30/08	ID# CK#GJ3	West Bank PO Box 65020 West Des Moines IA 50265-0020	Bank Service Fee	3.18
10/02/08	ID# CK# 205000169	Actblue Iowa PO Box 382110 Cambridge MA 02238-2110	Credit Card Fees	320.10
10/02/08	ID# CK#2050001660	Actblue Iowa PO Box 382110 Cambridge MA 02238-2110	Credit Card Fees	50.37
10/09/08	ID# CK#2050001710	Actblue Iowa PO Box 382110 Cambridge MA 02238-2110	Credit Card Fees	39.50
10/09/08	ID# CK#2050001729	Actblue Iowa PO Box 382110 Cambridge MA 02238-2110	Credit Card Fees	8.10
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 476.56
TOTAL (If last page of this schedule)				\$ 20664.64

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Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 3 of 3

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Fairness Fund

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

SCHEDULE <b>D</b> (Rev. 08/08)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
(DO NOT INCLUDE LOANS – SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
09/25/08	Carter Printing 1739 East Grand Ave Des Moines IA 50316	Printed Envelopes #9 & #10	\$ 188.68
SUB-TOTAL			\$ 188.68
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 188.68

\*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1  
(for Schedule D)**CANDIDATE COMMITTEES NOTE:**

"Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Fairness Fund

SCHEDULE <b>E</b> (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YYR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (If applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
08/27/08	Georgia Helmick 300 Walnut St Unit 75 Des Moines IA 50309-2241		Beverage and Food	\$ 500.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 500.00	
TOTAL (if last page of this schedule)				\$ 500.00	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)